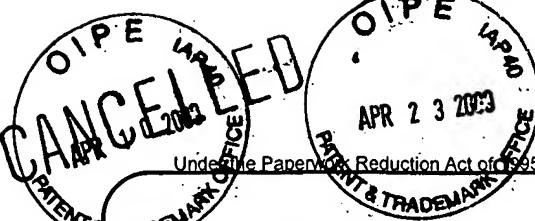


1FW 1617



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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/580,443
		Filing Date	May 23, 2006
		First Named Inventor	Joachim Moormann
		Art Unit	1617
		Examiner Name	Deirdre Renee Claytor
Total Number of Pages in This Submission		Attorney Docket Number	RO4245US #(0568)

ENCLOSURES (Check all that apply)				
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC		
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences		
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information		
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter		
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):		
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Post card		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund			
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____			
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD			
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53				
<table border="1"> <tr> <td>Remarks</td> </tr> <tr> <td>Please charge any additional fee or credit any overpayment to applicant's attorney's Deposit Account No. 08-2441.</td> </tr> </table>			Remarks	Please charge any additional fee or credit any overpayment to applicant's attorney's Deposit Account No. 08-2441.
Remarks				
Please charge any additional fee or credit any overpayment to applicant's attorney's Deposit Account No. 08-2441.				

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	D. Peter Hochberg Co., L.P.A.		
Signature			
Printed name	D. Peter Hochberg		
Date	April 20, 2009	Reg. No.	24,603

### CERTIFICATE OF TRANSMISSION/MAILING

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